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## **Today's Activities/Discussions:**

- Overview of the Implementation Proposal Steps and Form
  - We can forward a modified recommendation
- Survey results will be used as we discuss the recommendations

### Additional Action Team questions/information requests:

N/A

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- Recommendation #10 (Charlotte)
  - DECISION ITEM: We do not believe that this specific recommendation should be implemented, though we strongly support the need for more CWD public education and outreach efforts. Charlotte is not a good choice for a centerpiece because this is a complex issue more about illegally taken wildlife than about CWD. With rejecting the specific Charlotte approach to public education, we are definitely not rejecting the importance of CWD public education. Once the goals of CWD are re-developed, it will be important to re-enforce CWD outreach to help meet those goals.

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- Recommendation #6 (Turnaround Time)
  - DECISION ITEM: We agree with the majority of the surveyed public, the time required for CWD test results is currently acceptable. However, cost effective improvement in the time required should be a long term objective. Alternate testing opportunities need to be communicated broadly. Recommend DNR investigate an expedited test for a service/fee.

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- Recommendation #9 (Wildlife Disease Unit)
  - DECISION ITEM: A DNR wildlife health unit has existed for over 30 years. It is supported by technical staff in other state and federal agencies. It works well with the existing organization and a large cadre of field staff. The existing wildlife disease unit works well with current budget staff and organizational structure. The main issue is whether the unit will have the resources to handle expected increases in CWD distribution and prevalence while still handling other disease and species challenges.

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- Recommendation #5 (Humans contracting a CWD variant)
  - **DECISION ITEM:** We support this recommendation. DNR and DHS should enhance and make more accessible information about CWD and human health risks. The basic message should include acknowledgement that though there is no evidence that humans can acquire CWD from eating meat from a CWD-infected deer, that there is much research to be done on that possibility. The basic message should be available in a position in the annual deer regulations, and updated more extensive information should be easily accessible through DNR and DHS websites. Research has already identified that venison and blood can contain small concentrations of CWD prion, so normal field dressing of a carcass will not necessarily remove all CWD prions. Accessibility is important; information must also be available to non-computer users. Taking this approach could complicate deer management and create need for more testing and more research (which will add costs), but providing information to the public, including deer hunters and their families, is a responsibility.

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- Recommendation #7 (Annual meeting of DMAP Cooperators)
  - DECISION ITEM: We support this recommendation, that CWD consistently be included in any annual DMAP meetings. But we do not support or reject the DMAP concept. We support that additional to the DMAP annual meeting, that there be other forums in which stakeholders have an opportunity to get updated CWD information and provide input on CWD management.

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### General comments or considerations noted by the Team:

- Two public comments:
- Orphaned fawn and ban on deer rehabilitation concern by license rehabilitator from Washington County
  - This will be set aside for when "passive management in the CWD-MZ" is discussed at a future meeting
- Revert the white deer allowable harvest in the CWD-MZ
  - This will be set aside for when "passive management in the CWD-MZ" is discussed at a future meeting

Next Meeting Date is:

May 18, 2013